		PAIENI A	PPLICA	TION FEE C	ETERMINA	TION RECORD	information u	nless it disp	UEPARTMENT	OF COMERC	
			ubstitute for Fo					Application or Docket Number			
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								0/813,9	+3-	
	FOR		NI WARES THE		(Column 2)	SMALL	ENTITY	OR .	OTH SMAL	· OTHER THAI SMALL ENTIT	
	6ASIC FEE (37 CFR 1.16(a))		, A		NUMBER EXTRA	RATE	FEE	7		7	
.	TOTAL CLAIMS (37 CFR 1.16(c))						s	OR	RATE	- FA	
	INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 20 =			$\times s25$		OR	x s 50.	<u> </u>	
	MULTIPLE DEPENDENT CLANGES 3 = 1					x s 100=		OR	x , 200	 	
- 1						+5.180		OR	+360	-	
	If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		1		 	
- 1		CLAIMS AS AMENDED - PART II) OR	TOTAL	L	
-	· · · · · · · · · · · · · · · · · · ·	(Column	9	(Column	2) (Column 3)						
1.	4 3 3 0	CLAIMS REMAININ	4G	HIGHEST	- 1	SMALL E	NTITY	OR	OTHER SMALL	THAN ENTITY	
		AFTER AMENOMEN	NT	PREVIOUS:	PRESENT EXTRA	RATE	ADDI- TIONAL	. 1	RATE	ADØ-	
	Total (31 CFR 1.16(c) Z. Independent	14	Minu	15 20	= /	x s 25 =	FEE			TIONAL FEE	
	(31 OFR 1.16(b)	2	Minu	s, 3_	= /	x s 100		OR	× 5 <u>50</u> =		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							OR I	x s 200		
	(Column 1)					+ s_(80=		OR .	+ 5360		
_						. ADD'L FEE			OTAL		
a		. CLAIMS REMAINING		HIGHEST NUMBER	1						
ENDMENT	- 	AFTER AMENDMEN		PREVIOUSLY PAID FOR	PRESENT EXTRA		ADDI-	:	RATE	ADDĪ-	
Í	Total (37 CFR 1.16(cl) Independent		Minus	**	= :	x s 25 =	FEE			TIONAL FEE	
AME	(3) CFR 1.16(b))		'Minus	444	=	× s 100=			s 5 0 =		
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+s180=		_	s 200_		
		TOTAL			360.						
		(Column 1)		(Column 2)	(Calu 2)	ADO'L FEE		OR AD	D.C EEE		
O		CLAIMS ' REMAINING		HIGHEST	(Column 3)						
EN		AFTER AMENOMENT		PREVIOUSLY	PRESENT EXTRA	RATE A	DDI- ONAL		RATE	ADDI-	
Ω	Total GT CFR 1.16(c))		Minus	PAID FOR	=		EEE			IONAL FEE	
AMENDMENT	Indépendent (37 OFR 1.16(b))	•:	Minus	•••	=		0	<u> </u>	ಶ ೦_		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d))					x s 100		R XS	200		
						- 5180=	. 0		360_		
•	If the entry in co	ADD'L FEE	0	TOT.	AL L FEE						
	II the Highest N The Highest Nu	umber Previously mber Previously	r Paid For (Paid For (Paid For or	WY THIS SPACE (s less than 20, ent less than 3, enter	er *20*. * *3*.					

The Highest Number Previously Paid For (NTHIS SPACE is less than 3, enter '3'.

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.